## MARYLAND MEDICAL ASSISTANCE PROGRAM DEPARTMENT OF HEALTH AND MENTAL HYGIENE

## MEDICAL DAY CARE SERVICES WAIVER FREEDOM OF CHOICE CONSENT FORM

Applicant Consent (Check one and sign below):	
Care Services Waiver as a nursing facility. I furth qualify for the waiver promaryland Medicaid Progunderstand that I have the center I would like to attern to the center I would like I	and community-based services under the Medical Day an alternative to institutional long-term care services in her understand that in order to qualify and continue to ogram, I must meet all eligibility criteria of the gram and the Medical Day Care Services Waiver. I e right to select which licensed adult medical day care end and that I may change medical day care centers if I tand that there are alternative services for which I am es in a nursing facility.
rather than through altern further understand that in coverage in the nursing f	utional long-term care services in a nursing facility, native services which have been explained to me. In order to qualify and continue to qualify for Medicaid facility, I must meet all eligibility criteria of the gram and for the nursing facility services.
I choose neither option.	Explanation (optional):
appeal process that I may follow	ammary of Procedures for Fair Hearings" explaining the in the event that I am denied access to the Medical Day access to services by the provider of my choice.
Applicant: Print Name	MA#:
Signature:Applicant or Author	Date: Drized Representative
Witness:	Date:
Hospital Staff/ AERS	Staff/ MDC Staff